

Transformation Work Group Meeting  
June 13, 2006  
IGCS Conference Center Room C

**Minutes**

Members Present: Denny Jones, Sabina Calhoun, Rep. John Day, John Dwenger, Gina Eckart, Debbie Herrmann, Nancy Jewell, Jim Jones, Pam McConey, John McGrew, Kathleen O'Connell, Bernice Pescosolido, Tom Rugh, Peggy Stephens, Alma West, Bob Williams, John Williams, Kim Williams, Lisa Winterheimer

Guests: Sue Lummus, Ann McCranie, Mike McKasson, John Michael,

Chair Denny Jones called the meeting to order. Opening remarks and introductions were made.

Meeting presentations were as follows:

**RICHMOND STATE HOSPITAL LOCALIZATION PROJECT**

John Michael made a presentation on localization of Richmond State Hospital (RSH)

Background:

"Localization" (versus privatization): Refers to the process of turning over a state hospital to a locally-organized 501c3 non-profit corporation. This is being undertaken because of the desire to move the state to become a payer of services rather than a provider of care.

Patient care is the priority, to that end, a contract compliance officer will closely monitor key performance indicators within the contract.

RSH will serve as the model localization project with lessons learned applied to Madison State Hospital and Evansville State Hospital.

Process:

RFI issued in November (input incorporated into RFP)

RFP issued in February (what we wanted, not how to do it)

Single response to RFP from Behavioral Healthcare Services, Inc.  
[RSH Press Release]

RFP response under review by evaluation team (which includes clinicians from LSH and advocates - NAMI (Joe Venable), Mental Health Association in Indiana (Stephen McCaffrey), and Key Consumer Organization (Ronda Ames).

Advocates on the evaluation team will also be included in a BHSI oral presentation which will be scheduled soon - an opportunity for open discussion with the respondents.

#### Operations and Management Contract:

The team is working with attorneys from Baker & Daniels, LLP to develop the operations and management contract.

Sub-teams are established for Clinical portions, Human Resource issues, and Finances.

Next steps:

- Complete RFP Evaluation
- If BHSI response is acceptable, enter into contract negotiations.
- Transition RSH to BHSI not to meet a deadline but only when conditions are right to assure the best in patient care.

### **LARUE CARTER PROJECT**

Denny Jones presented an Overview of the Larue Carter Project

Project has gone through several stages

As currently conceptualized, new Hospital will be a part of a larger Neuroscience Institute

Institute (small campus) would include basic research, clinical research and integrated outpatient services for major neuroscience developments at I.U. (psychiatry, neurology and neurosurgery)

Hospital:

Hospital would be a separate building, but with close connections to outpatient and research areas

Concept is to integrate acute and intermediate care into a single Hospital

Shorten lengths of stay at the intermediate stage through tighter linkages with CMHC's

Create a single Hospital provider for emergency, acute and intermediate. Avoid transfer disruptions for consumers/families.

Create capacity for adolescents and adults (who need acute and/or intermediate stays - (approximate overall size of 170 beds)

Create a regional Hospital that can be a model for the future

#### Next Steps:

- Agree on overall size and configuration of the Neurosciences Institute
- Agree on capital financing plan
- Begin detailed planning - program and facility design
- Firm up overall partnerships and roles - I.U., State, Clarian, Lilly, CMHC's, Bio Crossroads, etc.

### **RECOVERY**

Sue Lummus made the initial presentation for the Recovery Ad Hoc Committee

The Recovery Ad Hoc Committee reported on progress to date. This ad hoc committee was asked to draft an Indiana Vision for a Recovery-Based Service System, a definition of recovery, and core principles of recovery. Drafts of these three elements were presented to members present and feedback solicited. Members agreed that resiliency should be added to the vision, definition, and core principles. The members also requested several changes in wording. A revised draft will be sent to the TWG membership for further input and revisions. A revised document will be shared at the July meeting.

The next step for this committee will be the development and distribution of three survey instruments to establish a baseline of where Indiana is in the adoption and implementation of a recovery-oriented system. These surveys will go out during the summer and results will be shared in October.